

| CLAIMS ONLY | | | | | | | Application Number <i>10795825</i> | Filing Date |
|---|----------|--------|-----------------------|--------|------------------------|--------|---------------------------------------|-------------|
| Applicant(s) | | | | | | | | |
| * May be used for additional claims or amendments | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | 51 | |
| 2 | | | | | | | 52 | |
| 3 | | | | | | | 53 | |
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| 5 | 1 | | | | | | 55 | |
| 6 | 1 | | | | | | 56 | |
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| 8 | | 1 | | | | | 58 | |
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| 50 | | | | | | | 100 | |
| Total Indep | 2 | | | | | | Total Indep | |
| Total Depend | 3 | | | | | | Total Depend | |
| Total Claims | 5 | | | | | | Total Claims | |

Best Available Copy